# AMBULATORY CARE: HOSPICE AGENCY APPLICATION

### INSTRUCTIONS FOR COMPLETION

Incomplete applications will be returned. Prior to submitting the application, ensure it includes all required Information and related required documentation.

## APPLICATION FOR LICENSE

Once all required application paperwork, including appropriate approvals (Certificate of Need and CMS-855) and the fee is received, an OHCQ representative will contact your program to schedule a date for an initial State licensure inspection. A State license will be issued based on the results of the on-site inspection.

## **RENEWAL**

Be advised that unannounced on-site recertification and complaint investigation surveys are being conducted by the OHCQ. If the facility is accredited and/or deemed, the facility must submit a copy of the accreditation and/or deemed status letter.

# **REQUIRED APPLICATION SECTIONS**

General Information Ownership Background Workers' Compensation Hospice Agency Affidavit

#### REQUIRED DOCUMENTATION - INITIAL APPLICATION

- 1. If the facility is accredited and/or deemed, the facility must submit a copy of the accreditation and/or deemed status letter.
- 2. A copy of the Certificate of Need (CON) approval from the Maryland Health Care Commission. (A CON review can be requested by calling 410-764-3460.)
- 3. Medicare forms completed in triplicate with original signatures. (The Medicare General Enrollment Booklet (CMS-855) can be obtained by contacting your Fiscal Intermediary. Any questions regarding the booklet should be directed to Cahaba at 1-866-539-5592.)
- **4.** If your program does not have workers' compensation insurance **AND** does not have any employees, submit a Letter of Exemption (sole proprietorships or partnerships) or Certificate of Compliance (corporations or LLCs) from the Certificate of Compliance Coordinator at the Workers' Compensation Commission. For information call 410-864-5100 or via e-mail at <a href="https://www.wcc.state.md.us">www.wcc.state.md.us</a>.

## **CODE OF MARYLAND REGULATIONS (COMAR) 10.07.21**

To obtain a copy of the regulations:

- A. Visit the Division of State Documents website at www.dsd.state.md.us;
- B. Call the Division of State Documents at 410-974-2486 x3876 or 800-633-9657 x3876; or
- C. Visit your library (click this link to find the closest location: www.dsd.state.md.us/Depositories.aspx).

## **MEDICARE CERTIFICATION**

New providers must be in operation and providing services to patients when surveyed for Medicare certification. This

means that at the time of survey, the Hospice must have opened its doors to admissions, be furnishing all services necessary to meet the provider definition, and be demonstrating the operational capability of all facets of its operations. To be considered "fully operational," initial applicants must be serving a sufficient number of patients so that compliance with all requirements can be determined. If possible, the OHCQ will conduct the survey within 90 calendar days of the date the provider notified the OHCQ of full operation.

## **QUESTIONS**

Please contact 410-402-8038 or visit the OHCQ website at <a href="http://dhmh.maryland.gov/ohcq">http://dhmh.maryland.gov/ohcq</a> for questions related to the application.

## **SEND COMPLETED APPLICATION TO:**

Ambulatory Care Program OHCQ Bland Bryant Building Spring Grove Hospital Center 55 Wade Avenue Catonsville, MD 21228